



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## \*BIBDATASHEET\*

CONFIRMATION NO. 7747

Bib Data Sheet

SERIAL NUMBER 10/754,372	FILING DATE 01/09/2004  RULE	CLASS 600	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 22521-19CON
-----------------------------	---------------------------------------	--------------	------------------------	---------------------------------------

APPLICANTS

Donald J. Larnard, Hampton Falls, NH;

\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a CON of 10/274,940 10/21/2002 PAT 6,733,442

sk cc  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 none cc

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 04/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no Allowances Examiner's Signature Initials	STATE OR COUNTRY NH	SHEETS DRAWING 8	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 5
--	---	---------------------------	------------------------	-----------------------	----------------------------

ADDRESS  
 31292  
 CHRISTOPHER & WEISBERG, P.A.  
 200 EAST LAS OLAS BOULEVARD  
 SUITE 2040  
 FORT LAUDERDALE, FL  
 33301

TITLE  
 Accessory for surgical instrument

FILING FEE  RECEIVED 498	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
-----------------------------------	---	---